

# ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

## APPLICATION FOR LICENSURE

### GENERAL INSTRUCTIONS AND INFORMATION

### APPLICATION MATERIALS

An application form for licensure as a psychologist is enclosed. Please read the enclosed materials very carefully as lack of familiarity with the requirements may cause delays in the application process. Applicants should call the Board Office prior to submitting application forms to verify that the forms and fees are still current.

If you have failed the Examination for Professional Practice in Psychology three or more times in any state, you must contact the Board before submitting an application, pursuant to A.R.S. § 32-2072(C) and R4-26-204(A)(1).

An application file is considered **open** upon receipt of the appropriately completed application and **non-refundable** fee, but is not considered administratively **complete for review by the Board** until the following have been received in the Board's office:

- \* Check or Money Order in the amount of \$350 made payable to the Board of Psychologist Examiners
- \* "Psychologist Licensure Application" with any required supporting documentation
- \* "Core Program Requirements" form (If you did not graduate from an APA accredited doctoral program)
- \* "Supervised Internship or Training Experience Verification" form sent directly to the Board by the training program administrator or supervisor. If the program was not an APA approved internship or a member of APPIC, a copy of the written statement describing goals and content of training and clear expectations for the quality and quantity of work is also required. The Board may waive this at your written request if you have twenty years of licensed practice in the U.S. or Canada.
- \* "Postdoctoral Experience Verification" form sent directly to the Board by the training supervisor (if applicable). The Board may waive this at your written request if you have ten years of licensed practice in the U.S. or Canada
- \* If applicable, "Supervised Preinternship Experience Verification" form sent directly to the Board by the Educational Institution along with the written training plan pursuant to A.R.S. §32-2071(E)(2).
- \* Verification of all psychology licenses ever held in other states, sent directly to the Board of Psychologist Examiners by the appropriate jurisdiction
- \* Verification of any licenses or certifications held in any other field(s) or profession(s), sent directly from the state licensure Board
- \* The "Mandatory Confidential Information" page (non-public information)
- \* Official transcripts from all graduate institutions attended, sent directly to the Board by the university/college
- \* Reference forms sent directly to the reference by the Board
- \* Perform a self-query from the National Practitioner Data Bank – Healthcare Integrity Protection Data Bank available at [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov). Provide results to the Board.
- \* Completion of the Arizona Statement of Citizenship and Alien Status accompanied by copy of your passport, birth certificate or other acceptable documentation

**It is the applicant's responsibility to contact information sources to verify that materials have been sent, including reference letters mailed/emailed from the Board office. Board staff cannot fax reference letters or other application documents to information sources. It is the applicant's responsibility to make sure that all information sources are aware of any deadlines that the applicant is attempting to meet. New applications must be administratively complete in order to be scheduled on the Board agenda. Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. It may be helpful to submit course catalog descriptions and/or course syllabi. The Board provides the applicant one *Notice of Deficiency* for materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at (602) 542-8159 to check the status of the application file.**

### STATUTES AND RULES

To obtain a hard copy of the Board's Statutes, Arizona Revised Statutes §§ 32-2061 through 32-2086, and Rules, Arizona Administrative Code R4-26-101 through R4-26-308, please submit a separate check or money order for \$5.00 made payable to the Arizona Board of Psychologist Examiners. Please write "Statutes and Rules" in the memo section of the check. It is also possible to download a free copy of the Statutes and Rules from the Board's website [www.psychboard.az.gov](http://www.psychboard.az.gov).

## **NOTICE FOR APPLICANTS REQUESTING TO TAKE THE EPPP PRIOR TO COMPLETION OF SUPERVISED TRAINING**

Applicants for examination and licensure may now take the Examination for Professional Practice in Psychology (EPPP) upon completion of the doctoral degree, including completion of a minimum 1500 hours of internship, but prior to completion of the 1500 hours of additional supervised professional experience required for licensure. The Supervised Psychology Internship or Training Verification form must be submitted by the site/supervisor directly to the Board. Where applicable, Supervised Preinternship Experience Verification form(s) must be submitted by the educational institution directly to the Board. Where applicable, Postdoctoral Professional Psychology Experience Verification form(s) must be submitted by the site/supervisor directly to the Board, once postdoctoral hours are completed. If an applicant has completed all training experiences, all appropriate verification forms must be provided.

An applicant who has been approved for the EPPP must pass the exam and complete the 3000 hours of supervised professional experience before the applicant may be approved for licensure.

## **EXAMINATION (EPPP)**

The Examination for Professional Practice in Psychology (EPPP) is now administered for Arizona via computer at authorized Prometric Testing Centers. It is no longer administered by the Board of Psychologist Examiners in the paper and pencil form.

Once an applicant is approved by the Board of Psychologist Examiners to sit for the EPPP, the Board will provide the applicant's name to the Professional Examination Service (PES). PES will email an application packet to the applicant; receive, review, correct and verify the application; and collect payment directly from the applicant. Payment may be made by credit card or by a certified check or money order made payable to PES.

Applicants must sit for the examination within 60 days of the date on the "authorization-to-test" letter provided by PES, however, they are encouraged to call Prometric to make an appointment as soon as they receive the letter from PES. Prometric has over 300 testing centers across the United States and Canada.

## **STUDY MATERIALS**

Information regarding study materials for the EPPP can be obtained by contacting the ASPPB at:

P.O. Box 3079  
Peachtree City, GA 30269  
678-216-1175  
www.asppb.net

## **CONTACTING THE BOARD**

Heather Duracinski, Licensing Coordinator  
(602) 542-8159  
Fax: (602) 542-8279  
E-mail: heather.duracinski@psychboard.az.gov  
Internet : www.psychboard.az.gov

Mailing address:

Arizona Board of Psychologist Examiners  
1400 West Washington, Suite 240  
Phoenix, Arizona 85007

## **NOTICE FOR AMERICANS WITH DISABILITIES**

Title II of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability in its public meetings. Persons with disabilities may request reasonable accommodations by contacting the Board at (602) 542-8162 to make their needs known. Requests should be made as soon as possible to allow time to arrange for accommodations. These documents may be made available in alternative formats by contacting the Board.

# Arizona Board of Psychologist Examiners

## ***FEE SCHEDULE***

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Application	\$350*
Reapplication	\$200*

**\*These fees are non-refundable and must accompany the application.**

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Initial Licensing Fee	\$500 Prorated
<i>(\$20.83/mo. for months remaining until next renewal date, payable after the Board approves your application for licensure)</i>	
Biennial Active Renewal Fee	\$500
Biennial Inactive Renewal Fee	\$ 85
Reinstatement Fee	\$200

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Statutes and Rules	\$ 5
Duplicate Renewal Receipt	\$ 5
Duplicate Certificate	\$ 25
Verification of Licensure	\$ 2

All fees shall be in the form of personal checks or money orders submitted to and made payable to the **Arizona Board of Psychologist Examiners.**



# State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 240  
Phoenix, AZ 85007

Phone: 602-542-8162  
Fax: 602-542-8279

E-Mail: [heather.duracinski@psychboard.az.gov](mailto:heather.duracinski@psychboard.az.gov)  
[www.psychboard.az.gov](http://www.psychboard.az.gov)

## Psychologist Licensure Application

I hereby apply to be licensed as a psychologist by the Arizona Board of Psychologist Examiners. Enclosed is the application fee, which I understand is **nonrefundable**. \_\_\_\_\_ (initials)

I understand that, if, in the judgment of the Board, more information is necessary, further documented evidence may be required and I may be requested to appear before the Board. \_\_\_\_\_ (initials)

I understand that if I have a "special testing accommodation request" regarding an examination (e.g., a disability) for the Board's consideration, I will file a written request to the Board with this application. \_\_\_\_\_ (initials)

I understand that if I have previously passed the EPPP with a scaled score of 500 or better on the computerized exam or 70 percent or better on the written exam, I may be eligible for examination waiver. To be considered for waiver, I understand that I must request that the EPPP Score Transfer Service, ASPPB, P.O. Box 3079, Peachtree City, GA 30269, (678) 216-1175, or the state in which I originally tested, send my score directly to the Board. \_\_\_\_\_ (initials)

I understand that if I have failed the EPPP three or more times in any state, I must contact the Board before submitting an application or reapplication, pursuant to A.R.S. § 32-2072(C) and A.A.C. R4-26-204(A)(1). \_\_\_\_\_ (initials)

I understand that if I hold a Diplomate from the American Board of Professional Psychology (ABPP), a Certificate of Professional Qualification in Psychology (CPQ) or a National Register of Health Service Providers in Psychology (NRHSPP) credential, I may apply by means of the "Application for Licensure as a Psychologist by Credential" form. \_\_\_\_\_ (initials)

I understand that it is my responsibility to contact any state in which I have ever held a psychology license, *or any other certification or license in other field(s) or profession(s)*, to request that verification of my licensure (active, inactive, expired or otherwise) be sent directly to the Arizona Board of Psychologist Examiners. \_\_\_\_\_ (initials)

I understand that my file will be considered **open** upon the Board's receipt of my application form and fee payment. My file will not be considered **administratively complete** or ready for review **until all materials required by the Board are received on appropriate forms at the Board office. Applicant file must be administratively complete in order to be considered on the Board meeting agenda.** Application materials are open to public inspection, except for information considered confidential by law pursuant to A.A.C. R4-26-101(11). \_\_\_\_\_ (initials)

I further understand that I may not list myself **as a psychologist** in Arizona telephone directories, business cards, or otherwise represent myself as a psychologist, until I have been officially notified that I, in fact, have been licensed as a psychologist in Arizona. \_\_\_\_\_ (initials)

Please circle: I have / have not made a previous application to the Arizona Board of Psychologist Examiners.

If so, list date(s) of the application and action taken by the Board.

\_\_\_\_\_  
\_\_\_\_\_

Name (printed or typed) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# GENERAL INFORMATION

(PLEASE PRINT OR TYPE)

1. Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: Please provide on the *Mandatory Confidential Information* form enclosed.

2. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_ Work Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work E-Mail: \_\_\_\_\_

4. Gender: Male / Female (**Please Circle**) **Please Circle**

5. If you become licensed in Arizona, please specify which address and telephone number you want listed in the public directory of the Board. Home    Business

6. Which address would you like the Board to use as your mailing address? Home    Business

7. Are you on active duty in the military? Yes    No

8. Do you hold a Certificate of Professional Qualification in Psychology (CPQ), a National Register of Health Service Providers in Psychology (NRHSPP) credential, or are you a diplomate of the American Board of Professional Psychology (ABPP)? Yes    No

If yes, please use the "Application for Licensure as a Psychologist by Credential" form.

9. Are you or have you been licensed or certified as a psychologist in any state or Canadian province? If yes, list state(s) and license number(s): Yes    No

\_\_\_\_\_

10. Have you ever taken the national examination in psychology (EPPP), including exams taken in Arizona? If yes, list all states, dates and scores: Yes    No

\_\_\_\_\_

## FOR QUESTIONS 11 THROUGH 24 BELOW, IF THE ANSWER IS YES, PLEASE ATTACH AN EXPLANATION:

11. Have you made application to any other state or Canadian province in which you are not licensed? If yes, attach an explanation and include dates. Yes    No

12. Are you licensed or certified in any other field or profession? If yes, please provide the name of the profession(s), jurisdiction(s), and license number(s): Yes    No

\_\_\_\_\_

13. Has any state or province ever denied or rejected your application for a professional license, certification, or registration? Yes    No

14. Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration? Yes    No

15. Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration? Yes    No

16. Are you a member of any professional association in the field of psychology? If yes, please give the name(s) of the association(s). Yes    No

\_\_\_\_\_

17. Have you ever had membership in a professional association in the field of psychology denied or revoked? Yes No
18. Are you currently under investigation or have you been found to have violated a professional code of conduct by any jurisdiction? (If yes, please provide explanation) Yes No
19. Have you ever been sanctioned or placed on probation by any jurisdiction? Yes No
20. Are you currently awaiting trial, under indictment, have been convicted of, pled no contest or guilty to any felony or a misdemeanor other than a minor traffic offense (a DUI is not a minor traffic offense) or ever entered into a diversion program instead of prosecution, including any convictions that have been expunged, pardoned or deleted? (If yes, please include in your explanation the status of resolution, and expected resolution date) Yes No
21. Have you been sued or prosecuted for an act or omission relating to your practice as a psychologist, your work under a certificate or license in another profession, or your work as a member of a profession in which you were not certified or licensed? Yes No
22. Have you ever been involuntarily terminated or have you resigned in lieu of termination from any psychological or behavioral health position or related employment? Yes No
23. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice? Yes No
24. Do you have any medical, physical, or psychological condition that may in any way currently impair or limit your ability to practice psychology safely and effectively? Yes No

25. UNDERGRADUATE AND GRADUATE EDUCATION

University or College	City and State	Dates Attended	Degree and Date	Name of Department	Major Subject Area

Doctoral Degree: Major Advisor: \_\_\_\_\_

Department: \_\_\_\_\_

Title of Dissertation or Psy.D. Project: \_\_\_\_\_

26. Official title of your doctoral degree program or predoctoral specialty area: \_\_\_\_\_

27. Pursuant to A.R.S. §32-2071(K), did you complete at least 18 semester hours (or equivalent) Yes No  
within a 12-month consecutive period at the institution that granted your doctorate in  
psychology, or a minimum of 300 hours of student-faculty contact that involved face-to-face  
educational meetings conducted by the institution's psychology faculty and fully documented  
by the institution and the student?

28. List your psychology-related training experiences, including names of the individuals from whom you are  
requesting verification forms:

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29. Supervised training experiences (Please submit applicable verification forms):

a. Have you completed a supervised psychology internship (1500 hrs)? Yes No

b. Pursuant to A.R.S. § 32-2071(D), what combination of 1500 additional hours do  
you plan to use toward licensure? **Please specify the number of additional  
hours by category (DO NOT MAKE AN "X" OR "✓"):**

\_\_\_\_\_ Supervised preinternship experience hours

\_\_\_\_\_ Additional internship hours

\_\_\_\_\_ Postdoctoral Experience hours\*

\*Note: Some states require completion of postdoctoral experience prior to licensure.  
Applicants who may apply to other states for licensure should review specific  
requirements for postdoctoral experience prior to obtaining licensure in Arizona.

30. Do you agree to allow the Board to submit supplemental requests for Yes No  
additional information under A.A.C. R4-26-208(C)(2)?

31. If licensed, I would like my name on the license to read (include name and degree only):

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32. My areas of professional competence are: \_\_\_\_\_

33. My intended area of professional activity/practice in Arizona is: \_\_\_\_\_

34. References: To be acceptable, reference psychologists must provide favorable endorsement of your professional  
competence and your experience in the areas of intended practice, not merely indicate that you are known to them.  
Mere provision of a signature or an unfavorable report by a reference psychologist does not constitute provision of  
credentials necessary for licensure.

Reference psychologists shall be psychologists licensed or certified to practice psychology in a United States or  
Canadian jurisdiction. **Members of the Arizona Board of Psychologist Examiners may not provide references.**  
The Board may reject any reference and/or require additional references from the applicant.

List the names, positions, addresses and phone numbers of at least **two** psychologists familiar with your education,  
training or experience and who have knowledge of your professional activities **within the past three years**. The  
Board will contact these persons directly for the required information and endorsement on forms provided by the  
Board.

A. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work E-mail Address\*: \_\_\_\_\_

B. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work E-mail Address\*: \_\_\_\_\_

\*Provide only if you would like to have forms emailed to your references.

35. Professional experiences in psychology. List most recent first and for each of the positions, give:  
 YOUR EXACT TITLE; A BRIEF STATEMENT OF TYPE OF EMPLOYMENT; and THE AMOUNT AND KIND OF  
 PROFESSIONAL SUPERVISION. You may photocopy this page or add additional pages as needed.

A.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:  
 (b) Type of Employment:  
 (c) Nature of Supervision:

Name and Present Address of Professional Supervisor

\_\_\_\_\_



B.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:  
(b) Type of Employment:  
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

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C.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:  
(b) Type of Employment:  
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

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D.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:  
(b) Type of Employment:  
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

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E.

Starting & Ending Dates	Hours/Week	Employer	Employer's Address

- (a) Title:  
(b) Type of Employment:  
(c) Nature of Supervision:

Name and Present Address of Professional Supervisor

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36. Was your program accredited by the American Psychological Association, Office of Program Consultation and Accreditation at the time of your graduation? Yes No

a. If yes, skip to item 37.

b. If no:

- Complete the Core Program Requirements section
- Attach a copy of the official program description from the university catalogue that most accurately reflects your program at the time of attendance.

## CORE PROGRAM REQUIREMENTS

Name \_\_\_\_\_

Date \_\_\_\_\_

In accordance with A.R.S. 32-2071(A)(4) and Board Rules, an applicant shall show a minimum of 3 or more graduate semester hours (or 5 quarter hours, 6 trimester hours, or the equivalent classroom contact hours) in each of the following areas.

Please note: Providing course descriptions and/or course syllabi could be helpful in demonstrating that you meet these requirements of Arizona law. It is possible to satisfy one of these course requirements through your comprehensive examination [see A.A.C. R4-26-202(C) and (E)]. If you are deficient in one or two content areas, Arizona law allows you to make-up those courses as a non-matriculated graduate student.

Semester & Year Course Taken	Dept. & Course No.	Title and Brief Description of Course	# of Credit Hours	(Check or Circle One)
		<b>SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS IN PSYCHOLOGY:</b>		
				Semester Quarter Trimester
		<b>RESEARCH METHOD AND STATISTICS:</b> (May include design, methodology, statistics and psychometrics)		
				Semester Quarter Trimester
		<b>BIOLOGICAL BASIS OF BEHAVIOR:</b> (May include physiological psychology, comparative psychology, neuro-psychology, sensation and perception and psychopharmacology)		
				Semester Quarter Trimester

		<b>COGNITIVE-AFFECTIVE BASIS OF BEHAVIOR:</b> (May include learning, thinking, motivation and emotion)		
				Semester Quarter Trimester
		<b>THE SOCIAL BASIS OF BEHAVIOR:</b> (May include social psychology, group processes, cultural diversity, and organizational and systems theory)		
				Semester Quarter Trimester
		<b>INDIVIDUAL DIFFERENCES:</b> (May include personality theory, human development and abnormal psychology)		
				Semester Quarter Trimester
		<b>ASSESSMENT:</b> (Includes instruction in interviewing and the administration, scoring and interpretation of psychological test batteries for the diagnosis of cognitive abilities and personality functioning)		
				Semester Quarter Trimester
		<b>TREATMENT MODALITIES:</b> (Includes Instruction in the theory and application of a diverse range of psychological interventions for the treatment of mental, emotional, psychological and behavioral disorders)		
				Semester Quarter Trimester

37. This application shall be accompanied by:

- A. One original, un-retouched photograph taken not more than 60 days before the date of the application. Full length snapshots, newsprints, negatives or proofs are not acceptable. In the space to the right, firmly attach with tape or glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.
- B. A Check or Money Order in the amount of \$350, made payable to the Arizona Board of Psychologist Examiners.



PHOTOGRAPH

## AFFIDAVIT

Pursuant to A.R.S. Sections 32-2061, 32-2071.01 and 32-2081, any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of your license.

I swear that the statements contained herein are true in every respect. I have not omitted any information that might affect this application. I will conform to the standards of professional conduct as defined in Arizona Revised Statute Section 32-2061, et seq., and the rules pertaining thereto.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Affix  
Notary Seal



# State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 240  
Phoenix, AZ 85007

Phone: 602-542-8162  
Fax: 602-542-8279

E-Mail: [heather.duracinski@psychboard.az.gov](mailto:heather.duracinski@psychboard.az.gov)  
[www.psychboard.az.gov](http://www.psychboard.az.gov)

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## SUPERVISED PSYCHOLOGY INTERNSHIP OR TRAINING EXPERIENCE VERIFICATION (MINIMUM 1500 HOURS)

Dear Dr. \_\_\_\_\_:

Date: \_\_\_\_\_

I am applying for licensure in Arizona as a Psychologist. My application shows that I participated in a professional psychology training experience with your organization from \_\_\_\_\_ to \_\_\_\_\_. Arizona Revised Statute (A.R.S.) § 32-2071(D) and (F) requires that evidence of at least 1500 hours of supervised professional internship experience be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and mail this and any other requested information directly to the Board at the above address. Thank you for your assistance.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**SECTION A.** (The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's internship training program. **It may not be completed by the applicant.**)

I attest that \_\_\_\_\_ participated in a professional psychology training program at \_\_\_\_\_ (Name of internship site)

- |    |  |                      |
|----|--|----------------------|
| 1. | Total hours of experience: _____   | <b>Please Circle</b> |
| 2. | Did this applicant successfully complete this psychology training program at a satisfactory level of performance? If no, please attach an explanation.)  | Yes No               |
| 3. | During the entire time this applicant was in training, was this psychology training program a predoctoral internship approved by the American Psychological Association Committee on Accreditation?        | Yes No               |
| 4. | During the entire time this applicant was in training, was this psychology training program an internship facility that was a member of the Association of Psychology and Postdoctoral Internship Centers? | Yes No               |

**IF ANSWERING "YES" TO EITHER QUESTIONS 3 OR 4 ABOVE, PLEASE SKIP TO SECTION C. YOU DO NOT NEED TO ANSWER QUESTIONS 5 THROUGH 27.**

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**SECTION B.** (For interns at sites that were not APA approved or APPIC members during the entire time the intern was in training.)

5. Number of hours trainee worked per week: \_\_\_\_\_ for \_\_\_\_\_ weeks.
6. Total hours of individual, face-to-face supervision: \_\_\_\_\_
7. Total number of direct client contact hours: \_\_\_\_\_

**IF ANSWERING "YES" TO QUESTIONS 8-10, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

8. Prior to, or during the training, did any of this trainee's supervisors have a familial or financial relationship with this trainee, or was the trainee the employer of a supervisor? Yes No

- |     |   |     |    |
|-----|---|-----|----|
| 9.  | Was any credit given to this trainee for activities completed before the starting date  | Yes | No |
| 10. | Was any credit given to this trainee for activities performed which were not directly under supervision and control by your organization or facility? | Yes | No |

**IF ANSWERING "NO" TO ANY OF QUESTIONS 11-27, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

- |     |  |     |    |
|-----|--|-----|----|
| 11. | Did the psychology training program have a clearly designated staff psychologist who was responsible for the integrity and quality of training?  | Yes | No |
|     | Who was this psychologist? _____   |     |    |
| 12. | Was this staff psychologist Licensed or Certified in the state where the psychology training took place?   | Yes | No |
| 13. | Did the psychology training program have at least two psychologists on staff as supervisors?   | Yes | No |
| 14. | Was supervision of this psychology trainee provided by the person who carried clinical responsibility for the cases being supervised?  | Yes | No |
| 15. | At all times, was a supervisor available to the trainee at the various points of decision making?  | Yes | No |
| 16. | Was 20% or less of the face-to-face supervision completed using confidential real-time visual telecommunication or other confidential electronic means? (If no, provide percent _____.)  | Yes | No |
| 17. | Was at least 50% of the training supervision provided by one or more licensed or certified psychologists?  | Yes | No |
| 18. | Did training include a range of assessment, consultation and treatment activities conducted directly with clients?   | Yes | No |
| 19. | Was a minimum of 25% of the trainee's time in direct client contact?   | Yes | No |
| 20. | Was there a minimum of one hour of face-to-face, individual supervision for each twenty hours of experience with the specific intent of dealing with the quality of psychological service rendered directly by the trainee?  | Yes | No |
| 21. | Did the training include at least two additional hours per week in other learning activities? (Examples of additional learning activities may include: case conferences involving a case in which the trainee was actively involved; seminars dealing with clinical issues; co-therapy with a professional staff person including discussion, group supervision or additional individual supervision). | Yes | No |
| 22. | Did this applicant have a title designating his or her trainee status?   | Yes | No |
| 23. | Was there a written statement that described the goals and content of training and that stated clear expectations for the quality and quantity of this trainee's work?<br>If yes, PLEASE ATTACH A COPY OF THIS STATEMENT.  | Yes | No |

- |     |   |           |
|-----|---|-----------|
| 24. | Did you attach a copy of the written statement referenced in Question 23?   | Yes    No |
| 25. | Was the written statement in Question 23 established by the time the trainee began training and did it correspond to the training program this applicant completed?   | Yes    No |
| 26. | Did the training program include interaction with other psychology trainees?  | Yes    No |
| 27. | Was any of the time spent fulfilling academic degree requirements such as doctoral degree formal course work, practica, field laboratory, dissertation or thesis credit NOT counted toward the hours accumulated in this psychology training program? | Yes    No |

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**SECTION C.**

I hereby certify that the information provided here is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_

\_\_\_\_\_  
License # and State

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of \_\_\_\_\_, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Affix  
Notary Seal

Name of Applicant:												
Summary of Pre-Internship Supervised Professional Experiences												
Abbreviated Title of Training Site	Dates of Supervised Experience (From & To; Month, Year) Listed Chronologically	Semester(s)	Class Number	Total Number of Supervised Hours	Direct Hours	Hours worked per week	Total Face to Face Individual Supervision	Total Face to Face Group Supervision	Total Face to Face (Group + Individual) Supervision	Weekly Face to Face Individual Supervision	Weekly Face to Face Group Supervision	Weekly Face to Face (Individual+Group) Supervision Totals
Example - Best Mental Hlth Clinic	Sept 08 - May 09	Fall 2008; Spring 2009	CPY 639; CPY 639	297	100	9	30	0	30	1	0	1
									0		0	0
									0			0
									0			0
									0			0
									0			0
									0			0
									0			0
									0			0
									0			0
									0			0
GRAND TOTAL				0	0		0	0	0	0	0	0

**Notes:**

Follow format in example (e.g., Best Mental Hlth Clinic) for each entry

Each experience listed in this summary must be included separately and verified by the educational institution on the Supervised Preinternship Verification Form

Enter N/A for class number if experience is not associated with a specific class

**Excerpt from A.R.S. 32-2071 as it pertains to this form:**

A.R.S. 32-2071. [Qualifications of applicant; education; training](#)

E.4. Every twenty hours of supervised preinternship professional experience must include the following:

(a) At least fifty per cent of the supervised preinternship professional experiences must be in psychological service-related activities. Psychological service-related activities may include treatment, assessment, interviews, report writing, case presentations, seminars on applied issues providing cotherapy, group supervision and consultations.

(b) At least twenty-five per cent of the supervised preinternship professional experiences must be devoted to face-to-face patient-client contact.

(c) At least one hour per week of regularly scheduled contemporaneous face-to-face individual supervision per twenty hours of supervised preinternship professional experience that addresses the direct psychological services provided by the student.





# State of Arizona Board of Psychologist Examiners

1400 West Washington, Ste. 240  
Phoenix, AZ 85007

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Fax: 602-542-8279

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*www.psychboard.az.gov*

## **SUPERVISED PREINTERNSHIP EXPERIENCE VERIFICATION** **Educational Institution**

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

I am applying for licensure in Arizona as a Psychologist. My application shows that while a student at \_\_\_\_\_, I participated in supervised preinternship psychology training experiences (see list below). Arizona Revised Statutes (A.R.S.) §32-2071(D)(5) requires that verification of these experiences be sent to the Arizona Board of Psychologist Examiners. Please verify the experiences I have listed below, complete the subsequent questions, and send this and any other requested information directly to the Board at the above address. Thank you for your assistance.

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title of Doctoral Program or Predoctoral Specialty Area: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_ Semester/Year of Graduation: \_\_\_\_\_

To be completed by the applicant:

**Please Circle**

Pursuant to A.R.S. §32-2071(D)(5), I have provided the Board a copy of the written training plan developed by the doctoral program from the educational institution from which I graduated.  
(If no, please attach an explanation on a separate page)

Yes      No

List in chronological order each place of supervised preinternship experience for which you are claiming hours. (Please print. Use additional sheets if needed.)

Profession of Secondary or Other Supervisor \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

(17)

2. Name of Facility/ Training Site: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Supervised Experience: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant's working title: \_\_\_\_\_

Term/Class number/title in which you received academic credit for this experience (e.g., Fall 2009, PSY 660 Practicum): \_\_\_\_\_

*\*Note: If academic experience was not received for this experience, please attach an explanation.*

\_\_\_\_\_ Total Number of Supervised Hours

\_\_\_\_\_ Total Hours of Direct Patient/Client Contact

\_\_\_\_\_ Number of Hours worked per Week

\_\_\_\_\_ Total Hours of Face-to-Face Supervision distributed as follows:

\_\_\_\_\_ Total Hours of Individual Supervision

\_\_\_\_\_ Total Hours of Group Supervision

\_\_\_\_\_ Hours of Face-to-Face Supervision Per Week distributed as follows:

\_\_\_\_\_ Hours of individual supervision per week

\_\_\_\_\_ Hours of group supervision per week

Description of Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Faculty Supervisor: \_\_\_\_\_

Name of Primary Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Profession of Primary Supervisor: \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Name of Secondary or Other Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Profession of Secondary or Other Supervisor \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

---

**Verified by (To Be Completed by Doctoral Program Training Director, Faculty Supervisor, or Other Institution Official):**

**Signature:** \_\_\_\_\_

**Address:**

**Printed Name:** \_\_\_\_\_

\_\_\_\_\_

**Title/Position:** \_\_\_\_\_

\_\_\_\_\_

**Institution:** \_\_\_\_\_

3. Name of Facility/ Training Site: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Supervised Experience: From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Applicant's working title: \_\_\_\_\_

Term/Class number/title in which you received academic credit for this experience (e.g., Fall 2009, PSY 660 Practicum): \_\_\_\_\_

*\*Note: If academic experience was not received for this experience, please attach an explanation.*

\_\_\_\_\_ Total Number of Supervised Hours

\_\_\_\_\_ Total Hours of Direct Patient/Client Contact

\_\_\_\_\_ Number of Hours worked per Week

\_\_\_\_\_ Total Hours of Face-to-Face Supervision distributed as follows:

\_\_\_\_\_ Total Hours of Individual Supervision

\_\_\_\_\_ Total Hours of Group Supervision

\_\_\_\_\_ Hours of Face-to-Face Supervision Per Week distributed as follows:

\_\_\_\_\_ Hours of individual supervision per week

\_\_\_\_\_ Hours of group supervision per week

Description of Training: \_\_\_\_\_

Name of Faculty Supervisor: \_\_\_\_\_

Name of Primary Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Profession of Primary Supervisor: \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Name of Secondary or Other Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Profession of Secondary or Other Supervisor \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

---

**Verified by (To Be Completed by Doctoral Program Training Director, Faculty Supervisor, or Other Institution Official):**

**Signature:** \_\_\_\_\_

**Address:**

**Printed Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Institution:** \_\_\_\_\_ 2.

**To Be Completed by Doctoral Program Training Director, Faculty Supervisor, or Other Institution Official:  
(FOR EACH "NO" RESPONSE, PLEASE ATTACH AN EXPLANATION REFERENCING THE QUESTION #)**

		<b>Please Circle:</b>	
		<b>Yes</b>	<b>No</b>
1.	Was the training experience(s) completed within 72 months?		
2.	Pursuant to A.R.S. 32-2071(2) and (5), was there a written training plan between the student and graduate training program for each supervised experience? (If YES, please attach a copy of the plan(s))		
3.	Did the preinternship supervised experience(s):		
	a. Reflect a faculty-directed organized sequential series of supervised experiences?		
	b. Provide increased complexity following appropriate academic coursework?		
	c. Prepare the applicant for internship?		
4.	Did the written training plan(s):		
	a. Designate an allotment of time for each training activity?		
	b. Specify goals and objectives?		
	c. Indicate methods of evaluation of the student?		
	d. Indicate methods of evaluation of the supervisory experiences?		
5.	If any of the supervision was conducted off-site, was the licensed supervisor's approval obtained in writing?		
6.	Was at least 50% of the supervised experience spent in psychological service-related activities?		
7.	Did this applicant successfully complete this supervised training experience(s)?		
8.	Was ethics training included throughout the training experience?		
9.	Was regularly scheduled contemporaneous face-to-face individual supervision provided for at least one hour per week per twenty hours of supervised preinternship professional experience that addressed the direct psychological services provided by the student?		
10.	_____Please indicate the percent of supervision provided by a licensed psychologist .		
	_____Please indicate the percent of supervision provided by a licensed mental health professional.		

**Completed By:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_

**Name of Educational Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Affix  
Notary Seal

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_



# State of Arizona Board of Psychologist Examiners

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[www.psychboard.az.gov](http://www.psychboard.az.gov)

## **POSTDOCTORAL PROFESSIONAL PSYCHOLOGY EXPERIENCE VERIFICATION**

Dear Dr. \_\_\_\_\_:

Date: \_\_\_\_\_

I am applying for licensure in Arizona as a Psychologist. My application shows that I was under your supervision from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_. Arizona Revised Statutes (A.R.S.) § 32-2071(D) and (G) allows postdoctoral hours to be applied toward supervised professional experience required for licensure. Evidence of supervised professional postdoctoral experience **MUST** be provided to the Arizona Board of Psychologist Examiners. Please complete the questions below and mail this information directly to the Board at the above address. Thank you for your assistance.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **SECTION A.**

**The information below must be completed by the supervisor or a psychologist knowledgeable of the applicant's postdoctoral experience.** It may not be completed by the applicant.

I attest that \_\_\_\_\_ worked as a postdoctoral supervisee at \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

Number of hours trainee worked per week: \_\_\_\_\_ for \_\_\_\_\_ weeks.

Total hours of postdoctoral experience  
Used toward licensure in Arizona: \_\_\_\_\_

Total hours of individual, face to face supervision: \_\_\_\_\_

**(Note: A.R.S. 32-2071(G)(5) requires 1 hour of face-to-face, individual supervision for each 20 hours of supervised professional experience)**

Total number of direct client contact hours: \_\_\_\_\_

### **IF ANSWERING "YES" TO ANY OF QUESTIONS 1-4, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Prior to or during supervision, were you and the supervisee involved in a familial or financial relationship or was the supervisee your employer?   | Yes | No |
| 2. | Did this training experience begin prior to written certification by the supervisee's educational program that the applicant had satisfied all requirements for the doctoral degree or prior to written certification that the supervisee completed an appropriate internship training program? | Yes | No |
| 3. | Did any of the hours described here accumulate while the supervisee was functioning in a professional capacity not directly under your responsibility?  | Yes | No |
| 4. | Did the supervisee have less than 1 hour of face-to-face individual supervision for each twenty hours of supervised professional experience?  | Yes | No |

**IF ANSWERING "NO" TO ANY OF QUESTIONS 5-17 PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.**

- |     |  |     |    |
|-----|--|-----|----|
| 5.  | Were you licensed or certified as a psychologist in the state where the supervision occurred?  | Yes | No |
| 6.  | Were you licensed or certified as a psychologist for at least two years prior to beginning the supervision?  | Yes | No |
| 7.  | Did you accept full clinical and ethical responsibility for the supervisee's actions as a postdoctoral trainee?  | Yes | No |
| 8.  | Were you fully available to the supervisee in the event of emergency?  | Yes | No |
| 9.  | Could you provide emergency consultation coverage when you were not?   | Yes | No |
| 10. | Was 20% or less of the face-to-face supervision completed using confidential real-time visual telecommunication or other confidential electronic means? (If no, provide percent_____.) | Yes | No |
| 11. | Was this training experience completed within 36 consecutive months?   | Yes | No |
| 12. | Were you responsible for ensuring that adequate records of client contacts were maintained?  | Yes | No |
| 13. | Were clients informed that you were the source of access to this information in the future?  | Yes | No |
| 14. | Did you take reasonable steps to ensure that clients were informed of the supervisee's training and status?  | Yes | No |
| 15. | Did you take reasonable steps to ensure that clients could meet with you at the clients' request?  | Yes | No |
| 16. | Was this supervisee's performance satisfactory?  | Yes | No |
| 17. | Did you take reasonable steps to ensure that clients were informed of the supervisee's training status and that clients could meet with you at the clients' request?                   | Yes | No |
| 18. | What was the nature of the supervisee's duties while you were supervisor?  |     |    |

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**SECTION B.**

I hereby certify that the information provided here is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name          Address

\_\_\_\_\_  
License # and State

\_\_\_\_\_  
Date Licensed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_

SUBSCRIBED AND SWORN before me, a Notary Public

in and for the State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix  
Notary Seal

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



# Arizona Board of Psychologist Examiners Mandatory Confidential Information

(for Board Use Only)

---

Name (Last, First, Middle)

---

Other Names Used (Last, First, Middle, Maiden)

---

Residential Address\* (P.O. BOX NOT ACCEPTABLE)

---

Mailing Address (If different from above)

**Check here to indicate if residential address is the same as your business address**

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone No.

\_\_\_\_\_  
Date of Birth\*\*

(\_\_\_\_\_) \_\_\_\_\_  
Home Fax No.

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Social Security Number\*\*\* (Required)

Please provide an **E-mail address** if you wish to receive updates from the Board, including **The Examiner** newsletter.

**\* THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.**

**\*\* THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.**

**\*\*\* A.R.S. §§ 25-320(P) and 25-502(K) MANDATE THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.**

**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**  
Professional License and Commercial License  
Arizona Board of Psychologist Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

**Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**SECTION I – APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) \_\_\_\_\_

TYPE OF APPLICATION (Check one)      ☐ INITIAL APPLICATION                      ☐ RENEWAL

TYPE OF LICENSE/CERTIFICATION \_\_\_\_\_

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?      ☐ Yes                      ☐ No

If **Yes**, indicate place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.

Name of document \_\_\_\_\_

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

**SECTION III – ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status. Name of document provided \_\_\_\_\_

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.

- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

## **EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS**

**You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.